

RECEIVED
AUG 01 2001 #4
PATENT & TRADEMARK OFFICE 600/2900



Please type a plus sign (+) inside this box →

Approved for use through 9/30/00. GMB/0654-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01155K
First Named Inventor	VENKATRAMAN, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MACROCYCLIC NS-3 SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS COMPRISING ALKYL AND ARYL ALANINE P2 MOIETIES

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/198,204	4/19/2000	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

EL403238271US

Date

July 19, 2001

RECEIVED

AUG 01 2001

TECH CENTER 1600/2900

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box → **DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24265 → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN		Reg. No. 34634	
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298 5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
SRIKANTH			VENKATRAMAN				
Inventor's Signature						Date	
Residence: City	WOODBRIDGE	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	U.S.A.

Additional inventors are being named on the 4 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

RECEIVED

AUG 01 2001

JUL 30 2001

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/06. PTO/SAB-085
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

1600/2900

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	N.J.	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	N.J.	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	N.J.	ZIP	07059	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

AUG 01 2001

PTO/SB/02A (3-97)

Please type a plus sign (+) inside this box +

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
VIYYOOR MOOPIL		GIRIJAVALLABHAN					
Inventor's Signature							Date
Residence: City	PARSIPPANY	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	N.J.	ZIP	07054	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHIT K.		GANGULY					
Inventor's Signature							Date
Residence: City	UPPER MONTCLAIR	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	N.J.	ZIP	07043	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	N.J.	Country	U.S.A.	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	N.J.	ZIP	08817	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 01 2001

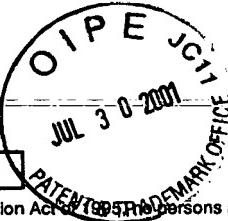
TECH CENTER 1600/2900

PTO/SB/02A (9-97)

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
BRIAN ALEXANDER		MC KITTRICK						
Inventor's Signature							Date	
Residence: City	BLOOMFIELD	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	67 LAUREL AVENUE							
Post Office Address								
City	BLOOMFIELD	State	N.J.	ZIP	07003	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
NANHUA HUGH		YAO						
Inventor's Signature	<i>nanhua Hugh YAO</i>						Date	6/19/01
Residence: City	IRVINE	State	CA	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	12 SANTA LUZIA AISLE							
Post Office Address								
City	IRVINE	State	CA	ZIP	92606	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ANDREW JOSEPH		PRONGAY						
Inventor's Signature							Date	
Residence: City	STEWARTSVILLE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	104 WILLOW GROVE ROAD							
Post Office Address								
City	STEWARTSVILLE	State	NJ	ZIP	08886	Country	U.S.A.	

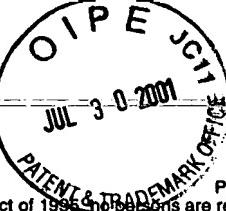
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

AUG 01 2001

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → +



Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VINCENT STEWART		MADISON						
Inventor's Signature							Date	
Residence: City	MOUNTAIN LAKES	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	12 RONARM DRIVE							
Post Office Address								
City	MOUNTAIN LAKES	State	NJ	ZIP	07046	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

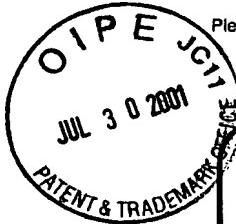
RECEIVED
AUG 01 2001#4
AO
TECH CENTER 1600/2900

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



Please type a plus sign (+) inside this box → +

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

- Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01155K
First Named Inventor	VENKATRAMAN, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	April 17, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MACROCYCLIC NS-3 SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS COMPRISING ALKYL AND ARYL ALANINE P2 MOIETIES

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/198,204	4/19/2000	

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: _____

Typed or printed name _____

Signature _____

Date _____

Express Mail Label No.

EL403238271US

Date

April 17, 2001

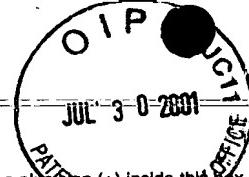
RECEIVED

AUG 01 2001

PTO/SB/01 (12-97)

+

1600/2900



Please type a plus sign (+) inside this box → +

Approved for use through 9/30/00, OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24265 → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34634
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298 5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

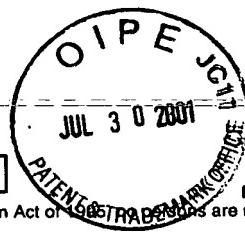
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
SRIKANTH			VENKATRAMAN		
Inventor's Signature	<i>S. V.</i>				
Residence: City	WOODBRIDGE	State	NJ	Country	U.S.A.
Post Office Address	35 ROANOKE STREET				
Post Office Address					
City	WOODBRIDGE	State	NJ	ZIP	07095
				Country	U.S.A.
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>3</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

AUG 01 2001

TECH CENTER 1600/2900

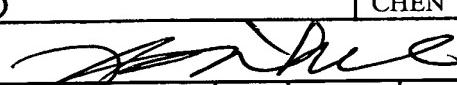
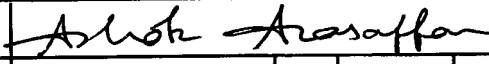
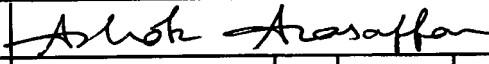
PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, trademarks are required to respond to a collection of information unless it contains a valid OMB control number.Please type a plus sign (+) inside this box → +

+
+
+

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X. 		CHEN					
Inventor's Signature						Date	5/15/01
Residence: City	ISELIN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHOK 		ARASAPPAN					
Inventor's Signature						Date	5/15/01
Residence: City	BRIDGEWATER	State	N.J.	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
F. GEORGE 		NJOROGE					
Inventor's Signature						Date	05/23/01
Residence: City	WARREN	State	N.J.	Country	U.S.A.	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	N.J.	ZIP	07059	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) Inside this box → +



PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>4</u>	
--------------------	--	---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature	<i>Girijavallabhan</i>						Date	5/15/01
Residence: City	PARSIPPANY	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	N.J.	ZIP	07054	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature	<i>Ashit K. Ganguly</i>						Date	5/15/01
Residence: City	UPPER MONTCLAIR	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	N.J.	ZIP	07043	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TIN-YAU		CHAN						
Inventor's Signature	<i>Chan Tin Yau</i>						Date	5/15/01
Residence: City	EDISON	State	N.J.	Country	U.S.A.	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	N.J.	ZIP	08817	Country	U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 01 2001

TECH CENTER 1600/2900

Please type a plus sign (+) inside this box → +



PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>	
-------------	--	---	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BRIAN ALEXANDER		MC KITTRICK					
Inventor's Signature						Date	6/12/01
Residence: City	BLOOMFIELD	State	N.J.	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	67 LAUREL AVENUE						
Post Office Address							
City	BLOOMFIELD	State	N.J.	ZIP	07003	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
NANHUA HUGH		YAO					
Inventor's Signature						Date	
Residence: City	IRVINE	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	12 SANTA LUZIA AISLE						
Post Office Address							
City	IRVINE	State	CA	ZIP	92606	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ANDREW JOSEPH		PRONGAY					
Inventor's Signature						Date	6/12/01
Residence: City	STEWARTSVILLE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	104 WILLOW GROVE ROAD						
Post Office Address							
City	STEWARTSVILLE	State	NJ	ZIP	08886	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 01 2001

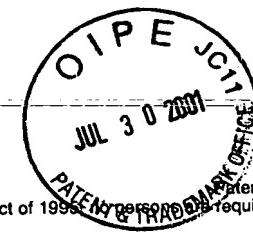
J CENTER 1600/2900

RECEIVED

AUG 01 2001

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032



Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains an OMB control number.

+ FEE CENTER 1600/2900

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VINCENT STEWART		MADISON						
Inventor's Signature	<i>Vincent Stewart Madison</i>						Date	5-15-01
Residence: City	MOUNTAIN LAKES	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	12 RONARM DRIVE							
Post Office Address								
City	MOUNTAIN LAKES	State	NJ	ZIP	07046	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.